

**Issue Classification**

(Assistant Examiner) (Date)

K. THANGAVELU  
(Primary Examiner) 7/18/07  
(Date)

**Total Claims Allowed: 65**

O.G. .  
Print Claim(s)  
1

O.G.  
Print Fig.  
4

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47					
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
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2	2		32	32			92			122			182
3	3		33	33			93			123			183
4	4		34	34			94			124			184
5	5		35	35			95			125			185
6	6		36	36			96			126			186
7	7		37	37			97			127			187
8	8		38	38			98			128			188
9	9		39	39			99			129			189
10	10		40	40			100			130			190
11	11		41	41			101			131			191
12	12		42	42			102			132			192
13	13		43	43			103			133			193
14	14		44	44			104			134			194
15	15		45	45			105			135			195
16	16		46	46			106			136			196
17	17		47	47			107			137			197
18	18		48	48			108			138			198
19	19		49	49			109			139			199
20	20		50	50			110			140			200
21	21		51	51			111			141			201
22	22		52	52			112			142			202
23	23		53	53			113			143			203
24	24		54	54			114			144			204
25	25		55	55			115			145			205
26	26		56	56			116			146			206
27	27		57	57			117			147			207
28	28		58	58			118			148			208
29	29		59	59			119			149			209
30	30		60	60			120			150			210